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			PART B -	FEE(S) TRA	NSMITI	ΓAL										
Complete and send this form, together with applicable fee(s), to: Mail																
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Issue Fee		A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, of corresponding to Deposit Account Number #4-144-7 (enclose an extra corresponding to Deposit Account Number #4-144-7)								•						
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5. Change in Entity S	tatus (from status indica	ted abo	ove)	☐ b. Applicant	ia no longi	or clai	ming Si	MALL EN	TITY	itatus. See 3	7 CFR	. 1.27(g)(2).			
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